

CITY OF SAINT LOUIS  
MISCELLANEOUS LICENSE APPLICATION

L414201

DISTRICT  
SUB DISTRICTCIGARETTE TAX .07  
TAX YEAR: \_\_\_\_\_

## ITEMS 1 THROUGH 12 MUST BE COMPLETED

1. TRADE NAME

2. TRUE NAME

3. STRUCTURE  
ADDRESS4. MAIL TO:  
OWNER ☐HDQTRS ☐STRUCTURE ☐

5. FEDERAL ID/SS NO.

6. BUSINESS PHONE

7. FAX NUMBER

8. SALES/USE TAX NO.

9. TYPE ORGANIZATION \_\_\_IND \_\_\_PTN \_\_\_CORP

10. DATE BUSINESS STARTED  
IN ST. LOUIS CITY

11. BUSINESS TYPE

12. NO. OF EMPLOYEES

Space Code 5194

Businesses that do not file and pay before the date printed above will be subject to CLOSURE for operating without a License.

THIS SPACE  
PROVIDED TO  
CORRECT ABOVE  
LINE ITEMSMAIL TO  
ADDRESS ISOWNER ☐HDQTRS ☐STRUCTURE ☐

1. TRADE NAME

2. TRUE NAME

3. STRUCTURE  
ADDRESS4. MAIL TO:  
NAME  
AND  
ADDRESS

5. FEDERAL ID/SS NO.

6. BUSINESS PHONE

7. FAX NUMBER

8. SALES/USE TAX NO.

9. TYPE ORGANIZATION

10. DATE BUSINESS STARTED

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## REPORTED BY TAXPAYER

# OF ROLLS x 30,000 x .07

# OF SHEETS x 100 x .07

5% DISCOUNT

CREDITS

(Please call for instructions: (314) 622-4528)

TOTAL DUE – PAY WITH  
RETURNI HEREBY CERTIFY AS PROVIDED BY LAW THAT  
THE FOREGOING IS A TRUE STATEMENT. I  
FURTHER CERTIFY THAT THIS APPLICANT HAS  
PAID ALL REAL ESTATE TAXES, PERSONAL  
PROPERTY TAXES, EARNINGS TAXES, LICENSE  
TAXES, PERMITS AND CERTIFICATE FEES DUE  
AND PAYABLE TO THE CITY OF SAINT LOUIS  
AND THE STATE OF MISSOURI.O U O  
F S N  
F E L  
I C Y  
E

Roll #

Date Mailed

Clerk

(PRINT NAME AND TITLE AS SIGNED)

(SIGNATURE OF OFFICER, OWNER OR AUTHORIZED PERSON)

MAIL TO:

SEE INSTRUCTIONS ON BACK  
MAKE CHECKS PAYABLE TO: MAVIS T. THOMPSON, ESQ. – LICENSE COLLECTORMAVIS T. THOMPSON, ESQ.  
LICENSE COLLECTOR  
P.O. Box 78158  
Saint Louis, MO 63178-8158

PAYMENT REQUIRED WITH APPLICATION

LIC. APPROVED \_\_\_\_\_